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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	:					

FOREIGN PROFIT/NONPROFIT CORPORATION NVE Inc.

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8. ROBERTS

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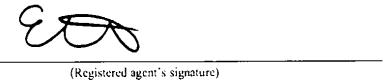
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

NVE Inc							
	orporation; must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION,					
NVE Florid	a Inc						
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)				
California	2	46-3517960					
(State or country	y under the law of which it is incorporated)	(FEI number, if app	(FEI number, if applicable)				
	-2009						
(Date	of incorporation) 5	(Date of duration, if other than perpetual)					
·	(Date first transacted business in						
	(SEE SECTIONS 607.1501 & 607.150	, ,	<i>'</i>)				
700 N San Vicent	e Blvd, Ste G820, Los Angeles, California 9006						
	, ,	e <u>street</u> address)					
700 N San Vicen	te Blvd, Ste G820, Los Angeles, California 900		<u></u>				
	(Current mailing	address, if different)	210				
		5 NOT 11.	DEC				
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	27 HA				
Name:	eResidentAgent, Inc.	- 	3SE 🚆				
Office Address:	801 US Highway 1		75 9				
	North Palm Beach	, Florida	[n 19				
	(City)	(Zip code)					

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: Name: Brett Hyman □ Chairman □ Chairman Address: 700 N San Vicente Blvd, Ste G820 □ Vice Chairman Address: ☐Vice Chairman Los Angeles, CA 90069 □ Director ■ Director President President ☐ Vice President ☐Vice President ☐ Treasurer ☐ Secretary Treasurer **■**Secretary □ Other ______ Other ___ □Other _____ □Otber _____ Name: □ Chairman □ Chairman Name: Address: ☐ Vice Chairman []Vice Chairman Address: □ Director Director □ President □ President ☐ Vice President □Vice President ___ Treasurer □ Socretary Treasurer ☐ Secretary ☐ Other _____ □Other _____ Other ____ □ Other ______ Chairman Name: □ Chairman Address: _____ □ Vice Chairman □Vice Chairman Address: _____ Director □ Director □ President President ☐ Vice President ☐Vice President _____ Treasurer □ Secretary ☐ Treasurer □ Secretary Other ___ ☐ Other _____ ☐ Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Brett Hyman, President

(Typed or printed name and capacity of person signing application)



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: NVE INC.
File Number: C3265403
Registration Date: 12/10/2009

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 21, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 22, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RGXWX2Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.